

LEARNING NEEDS SCREENING TOOL

Background & Development

The Learning Need Screening Tool is a brief, oral interview developed through an intensive authentic research project for the State of Washington Division of Employment and Social Services Learning Disabilities Initiative (November 1994-June 1997) under contract with Nancie Payne, MS, Senior Consultant, Payne & Associates, Inc., Olympia, Washington.

Funded by federal and state resources, the research as well as the Learning Needs Screening Tool are in the public domain and can be accessed by anyone who wishes. However, prior to implementation or use in a program or system several facts must be noted:

- The research was conducted with a welfare clientele; thus the tool is not valid with other populations. Use with other populations not having the same or similar characteristics as the research study could lead to misinterpretation of information and put the client screened by the Tool at risk as well as the entity using the Tool.
- The Learning Needs Screening Tool has not been validated and is not an appropriate tool to use in its present form with populations who have limited English proficiency (LEP).
- Criteria for implementation and use must be explored and clearly established in order to minimize discrimination or perceived bias when providing services. A set of standards for services should be established to ensure protection of the client and the entity using the Tool.
- All individuals should be screened for health-related needs (physical, vision, hearing, etc.) as well as other impacts (mental and emotional health) that may manifest as learning disabilities. This may mean adopting a more intensive interview protocol as a next step after initial screening. Simply screening for a condition does not allow the user to make the assumption that the individual has the condition for which he/she is being screened.
- Appropriate referrals and resources must be put into place prior to implementation. An organization or program cannot simply screen individuals without having the next steps in place. The Tool has been validated through the research and in using the Tool, the user accepts the responsibility associated with using a valid screening tool.
- Protocols for confidentiality and disclosure of information must be established.
- The organization or system's capacity to serve individuals with learning disabilities and other cognitive disorders must be evaluated.
- **The Learning Needs Screening Tool is not a diagnostic tool and should not be used to determine the existence of a disability.**

The Learning Needs Screening Tool is a powerful tool that with the right planning, implementation, and evaluation protocols put into place, can promote a strong service delivery model for welfare to work participants and the entities serving them.

APPROACHING THE CUSTOMER WHEN USING THE SCREENING TOOL

The Learning Needs Screening Tool is a voluntary, self-report tool, that should be presented during the early stages of service with a customer. In addition to reading the statement provided as part of the Tool, here are some ways and examples of how to introduce the questions.

As you are aware, the goal of our program is to assist in providing resources, referrals and services that meet your needs and help you address your goals. In order to help we want to know more about some of your previous learning experiences.

It is important to find out how it was for you (or your family members) when you were in school/training and if there is anything that would get in the way now as you pursue education or training. Your responses to these questions are confidential and will help identify resources and services you might need to be successful in education, training and securing employment. (from the Learning Needs Tool)

No matter what we do in life, "learning" is a big portion of our reality. Did you realize even outside a formal learning environment (training program or classroom) we are constantly learning? Certainly - on a job, raising our children, volunteering at our children's school or at church, even watching TV or visiting with a friend - we are always taking in new information, storing it away for use some other time.

Today, we know a whole lot more about learning and processing information. We know that no two people learn the same way. We all have learning preferences. Some people prefer to read while others prefer to listen, and still others prefer a hands-on approach.

As people think back to school experiences, most realize when they had problems or difficulty learning things, it was because many times the information wasn't presented in the right way. Sometimes things like learning disabilities or attention problems got in the way. Have you ever heard about people who have dyslexia or other kinds of learning disabilities? (Mention famous someone(s) recognizable to the learner.) That doesn't mean they were stupid or dumb, or most of all, retarded—what that really means is they process stuff in a different way than the typical way we all experienced in the classroom.

Some people process information through listening, some through reading or watching and some through hands-on activities. We all have differences—what we wear, how we look, what we like to eat, what we like to do, and how we like to learn.

I would like to ask you a few questions about your previous school and life experiences—do you mind? You will notice some questions relate to how you might learn through listening, seeing and doing hands-on activities and some to your family and background.

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Question Descriptions and Follow-up Explanations

The following are descriptions, background, rationale, and follow-up explanations of the thirteen questions contained on the Learning Needs Screening Tool.

Section A

1. Did you have any problems learning in middle school or junior high school?

- ◆ These are typically grades six-eight, sometime through grade nine.
- ◆ Learning problems are sometimes more frequent due to the multiple classrooms, teachers, and activities.
- ◆ Learning problems could include being held back, special reading or math groups, tutoring during or after school, behavior, or just couldn't learn, etc.

2. Do any family members have learning problems?

- ◆ Family is defined as immediate – parents, siblings, grandparents.
- ◆ Learning Disabilities have a genetic frequency in families.
- ◆ Learning problems could include all cited in question 1 as well as not finishing school, difficulties reading, writing, etc.

3. Do you have difficulty working with numbers in a column?

- ◆ This pertains to simple one, two or three digit numbers and mostly has to do with visual skills, visual-spatial orientation and alignment.
- ◆ Example:

42	678	9	234
12	+346	-3	-78
+39			

4. Do you have trouble judging distances?

- ◆ Examples to use for “judging distance” are the number of car lengths between two parked cars, what two or three blocks represents, the length of a hallway, or the distance between two people.
- ◆ Spatial orientation and visual skills.

5. Do you have problems working from a test booklet to an answer sheet?

- ◆ Most tests in schools have a test booklet that cannot be written in and a “bubble” answer sheet set up in columns/rows.
- ◆ Ask if the person remembers taking an achievement test in grade school or high school. Then follow-up with questions about “bubbling” in or putting answers in the right columns/rows.
- ◆ Visual discrimination and visual-spatial skills; writing, visual-motor, and tracking.

Section B

6. Do you have difficulty or experience problems mixing mathematical signs (+/x)?

- ◆ The best way to describe this question is to write a plus sign on a piece of paper, hold it up to the client, and turn it so it becomes a multiplication sign and ask: "Do math signs ever do this?"
- ◆ Visual-spatial and visual discrimination skills.

7. Did you have any problems learning in elementary school?

- ◆ Elementary school is usually grades kindergarten through fifth or sixth.
- ◆ Typically those who experienced problems learning were in special reading groups (blue group or the red birds), disliked school, were in "pull-out" programs, were in trouble a lot, wanted to learn but were frustrated, etc.
- ◆ Establishes a history of problems.

Section C

8. Do you have difficulty remembering how to spell simple words you know?

- ◆ Examples of simple words are was, where, their, there, table, teach, apple, etc.
- ◆ These are words that the individual should be familiar with but has difficulty spelling or complains look wrong or different even when spelled correctly.
- ◆ Individuals with this difficulty may have trouble with writing, visual-motor skills, recall, word retrieval, or visual discrimination skills.

9. Do you have difficulty filling out forms?

- ◆ Forms are defined as anything requiring information be written into designated spots on a pre-printed paper.
- ◆ Follow-up with a questions regarding the individual's ability to read and interpret the form.
- ◆ This could be the result of writing, visual-motor, visual discrimination, reading and interpretation, sequencing, organization, attention and concentration, visual tracking, etc.

10. Did you (do you) experience difficulty memorizing numbers?

- ◆ Numbers are abstract concepts and require sequencing, organization and connecting parts to wholes/wholes to parts.
- ◆ Most individuals with learning difficulties had significant trouble with multiplication tables and could not conquer fractions.
- ◆ Follow-up with a question about memorizing times tables or steps to subtract or divide.
- ◆ Second follow-up could be recall of phone numbers. Could also relate to dates/times (history dates or appointment times).

Section D

11. Do you have trouble adding and subtracting small numbers in your head?

- ◆ Small numbers is defined as numbers less than 20.
- ◆ Possible difficulty involving sequential concepts, visualization, abstract concepts, recall, and part to whole skills, etc.

12. Do you have difficulty or experience problems taking notes?

- ◆ Notes are defined as written/picture-based information briefly summarized from information presented in a meeting, lecture, training, etc.
- ◆ Note taking requires very sophisticated skills including auditory processing, synthesizing, sequencing and organizing, sorting, prioritizing, writing, visual-motor, and visual discrimination. Simultaneously processing.

13. Were you ever in a special program or given extra help in school?

- ◆ Special programs includes resource room, special education, speech and language services, communication programs, before-in-after school tutoring, chapter programs, title I programs, and LAP (learning assistance programs).
- ◆ Could also include a teacher assistant, and Individual Education Plan (IEP), Transition Plan and/or a 504 plan for academic improvement, behavior modification or accommodations for medical/disability reasons.

These descriptions, background, rationale, and follow-up explanations of the thirteen questions contained on the Learning Needs Screening Tool are not meant to promote an in depth, intensive interview, but to clarify terms and meaning to obtain a truer response from the participant.

REVIEWING THE INFORMATION WITH THE CUSTOMER
after completing
LEARNING NEEDS SCREENING TOOL

☒ Scores under 12 with no significant health-related needs:

Based on the information you have shared, it appears we can move to the next step without any additional learning evaluation services. You may, however want to explore more about how you learn – take some surveys or questionnaires. I have some tools and/or some websites—would you like them?

☒ Scores under 12 with significant health-related needs:

Based on the information you have shared, it appears we can move to the next step without any additional learning evaluation services. However, after reviewing your responses to the health questions I feel you could benefit from (identify appropriate referrals—eyes, ears, medical, mental health, treatment, etc.).

☒ Scores 12 or higher with no significant health-related needs:

Based on the information you have shared, it appears we should move to the next step. I would like to refer you for some additional assessment – a learning disabilities evaluation. Would you be open to that? *This evaluation for learning disabilities will help us decide which activities are best for you and if you need extra help or services. Getting evaluated for learning disabilities may get you the kind of help and service you will need to meet the welfare-to-work rules.* I have some local names of evaluators—can we discuss some of them?

The learning disabilities evaluation will take (list the amount of time-usually 1-3 appointments of two-four hours each depending on the evaluator). The evaluator will ask more questions about how you learn and then give you some tests. The tests will figure out how you learn best and whether there are any “short-circuits or glitches” in how you learn – that’s the learning disabilities stuff. The evaluator will write a report that you can have and will meet with us after the testing is over to tell us about what he/she found out. You will have time to ask questions too. The report will have some

recommendations and ideas to hopefully make things easier as you participate in education, training and/or work activities. They will probably help in your daily activities as well. I will use the recommendations also to modify, if needed, programs or services. For example, in the computer resource room the instructor could print out a screen and number the steps so you could have a hard copy of the steps to getting your resume formatted and not have to rely on your memory. Another example is a checklist that we laminate that gives you the instructions on how to get to the on-line jobs. Okay—here's the name and phone number...

☒ Scores 12 or higher with no significant health-related needs and previous documentation of a learning disability:

Based on the information you have shared, it appears we should move to the next step. First, I would like to see if we can get the learning disabilities evaluation from (identify source participant told). If we can't get that information or its really old, then the next step would be a referral for some additional assessment – a learning disabilities evaluation. Would you be open to that? *This evaluation for learning disabilities will help us decide which activities are best for you and if you need extra help or services. Getting evaluated for learning disabilities may get you the kind of help and service you will need to meet the welfare-to-work rules.* I have some local names of evaluators—can we discuss some of them? Proceed the same as above. Set a specific time for the previous data to be gathered and then connect with the participant for the next step.

☒ Scores 12 or higher with significant health-related needs:

Based on the information you have shared, it appears we should move to the next step. First, I would like to see if we could get some of these health needs taken care of. After reviewing your responses to the health questions I feel you could benefit from (identify appropriate referrals—eyes, ears, medical, mental health, treatment, etc.). Once we get those results then we can decide whether you should pursue a learning disabilities evaluation. Set a specific time for the medical needs to be addressed and then connect with the participant for the next step.

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Interviewer Name:

Interview Date:

Client Name:

Date of Birth:

Social Security #:

Gender: ☐ Male ☐ Female

How many years of schooling have you had?

Check ALL earned: ☐ High School Diploma ☐ GED ☐ Technical/Vocational Certificate ☐

AA Degree ☐ Other (specify): _____

What kind of job would you like to get?

Do you have experience in this area? ☐ Yes ☐ No

What makes it hard for you to get or keep this kind of job?

What would help?

BEFORE PROCEEDING TO THE QUESTIONS, READ THIS STATEMENT ALOUD TO THE CLIENT:

The following questions are about your school and life experiences. We're trying to find out how it was for you (or your family members) when you were in school or how some of these issues might affect your life now. Your responses to these questions will help identify resources and services you might need to be successful securing employment.

See final page for directions and scoring.

The Learning Needs Screening is not a diagnostic tool and should not be used to determine the existence of a disability.

Section A	
1. Did you have any problems learning in middle school or junior high school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do any family members have learning problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you have difficulty working with numbers in columns?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you have trouble judging distances?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you have problems working from a test booklet to an answer sheet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Count the number of "Yeses" for Section A X 1 =	
Section B	
6. Do you have difficulty or experience problems mixing arithmetic signs (+/x)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Did you have any problems learning in elementary school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Count the number of "Yeses" for Section B X 2 =	
Section C	
8. Do you have difficulty remembering how to spell simple words you know?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do you have difficulty filling out forms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Did you (or do you) experience difficulty memorizing numbers?	
Count the number of "Yeses" for Section C X 3 =	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section D	
11. Do you have trouble adding and subtracting small numbers in your head?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Do you have difficulty or experience problems taking notes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Were you ever in a special program or given extra help in school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Count the number of "Yeses" for Section D X 4 =	
Total "Yeses" multiplied by factor indicated for A, B, C, D	
See next page for directions and scoring.	
14. Check to see if the client has ever been diagnosed or told he/she has a learning disability. If so, by whom and when?	

LEARNING NEEDS SCREENING DIRECTIONS

1. Ask the client each question in each section (A, B, C, D) and question #14.
2. Record the client's responses, checking "Yes" or "No."
3. Count the number of "Yes" answers in each section.
4. Multiply the number of "Yes" responses in each section by the number shown in the section subtotal. For example, multiply the number of "Yes's" obtained in Section C by 3.
5. Record the number obtained for each section after the "=" sign in the section subtotal.
6. To obtain a Total, add the subtotals from Sections A, B, C, and D.

If the Total from Sections A, B, C, and D is 12 or more, refer for further assessment.

It is recommended interviewers ask an additional set of medical/health-based questions to gather more complete background information.

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ADDITIONAL QUESTIONS WHICH MAY BE ASKED:

GLASSES:

Does the client need or wear glasses? Yes ___ No ___

Last examination was within two years? Yes ___ No ___

HEARING:

Does the client need or wear a hearing aid? Yes ___ No ___

MEDICAL/PHYSICAL:

Has the client experienced any of the following?:

- Multiple, chronic ear infections Yes ___ No ___
- Multiple, chronic sinus problems Yes ___ No ___
- Serious accidents resulting in head trauma Yes ___ No ___
- Prolonged, high fevers Yes ___ No ___
- Diabetes Yes ___ No ___
- Severe allergies Yes ___ No ___
- Frequent headaches Yes ___ No ___
- Concussion or head injury Yes ___ No ___
- Convulsions or seizures Yes ___ No ___
- Long-term substance abuse problems Yes ___ No ___
- Serious health problems Yes ___ No ___

Is the client taking any medications that would affect the way he/she is functioning?

Yes ___ No ___

If yes, what is the client taking? _____

How often? _____

Does the client need medical or follow-up services? Yes ___ No ___

Referrals needed/made:

INTERVIEWER CHECKLIST

Observations/Thinking Points	Good	NI*
Attending Skills		
Greeting		
Body position		
Facial expression		
Non-verbal posture		
Voice tone		
Eye contact		
Listened		
Established rapport		
Closing		
Questioning/Interviewing Skills		
Focused on participant needs		
Helped to clarify issues/concerns		
Open-ended questions		
Objective follow-up questions		
Allowed reflection prior to response		
Did not "fill in" participant's words		
Controlled exaggeration/unrelated stories		
Understanding		
Validated participant's responses		
Made participant comfortable		
Focus on positives & strengths		
Used inclusive language		
Interrupted only when necessary		
Did not minimize or negate comments		

* Need Improvement